

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>J. G.</i>	<i>12</i>	<i>12/29/99</i>
O.I.P.E. CLASSIFIER		<i>65489</i>	<i>1/87 Jmm</i>
FORMALITY REVIEW	<i>JG</i>		
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

BEST AVAILABLE COPY

Claim	Date
Final	
Original	
1	<i>12/29/99</i>
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Claim	Date
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If more than 150 claims or 10 actions  
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